

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37717

FILED DEC 11 1943

Registration District No. 38

Primary Registration District No. 3006-5128

State File No.

Registrar's No. 291

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 13 Switzler St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 56 years (years, months or days)

3. (a) PRINT FULL NAME MATTIE FISHER

3. (b) If veteran, name war — 3. (c) Social Security No. —

3. (d) Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife, Abraham Fisher 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 10-20-1887 (Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 2 If less than one day hr. min.

9. Birthplace Columbia (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Henry Kicken
13. Birthplace Boone Co. (City, town, or county) Mo. (State or foreign country)
14. Maiden name Martha Jones
15. Birthplace Boone Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Harley Penfro
(b) Address Columbia Mo.

17. (a) Burial (b) Date thereof 11-24-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Harley Penfro
(b) Address Columbia Mo.

19. (a) 12-7-1943 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia 10
(If outside city or town limits, write "RURAL")
(d) Street No. 13 Switzler St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country — 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22
year 1943 hour 5.45 minute a M.

21. I hereby certify that I attended the deceased from Nov. 10, 1943, to Nov. 11/23, 1943
that I last saw him alive on Nov. 11
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial Infarction Duration —

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? — (Specify type of place) (c) Means of injury —

23. Signature Y. H. Moore (M. D. or other)
Address Columbia Mo. Date signed 11/24/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed _____

Licensed Embalmer No. 3900

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.